RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
HEALTH STATISTICS AND INFORMATION

CHAPTER 1200-7-3
HOSPITAL DISCHARGE DATA SYSTEM

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1200-7-3-.01 DEFINITIONS.

(1) "Hospital" shall be defined as in T.C.A. 68-11-201(21).

(2) "THA" shall be defined as the administrative offices and staff of the Tennessee Hospital Association.

(3) "Public" shall be defined as anyone other than the THA and the Department of Health.

(4) "Inpatient" shall be defined as a person receiving reception and care in a hospital for a continuous period of twenty-four (24) hours or more for the purpose of giving advice, diagnosis, nursing service, or treatment bearing on the physical health of the person, and a person receiving maternity care involving labor and delivery for any period of time.

(5) "Outpatient" shall be defined as a person receiving reception and care in a hospital for a continuous period less than twenty-four (24) hours for the purpose of giving advice, diagnosis, nursing service, or treatment bearing on the physical health of the person, excluding persons receiving maternity care involving labor and delivery. Reportable outpatient records are defined in the hospital discharge data system manual. Reportable records are defined in terms of the type of service provided and the type of bill on Form UB-92.

(6) "Discharge" shall be defined as the formal release of a patient from a hospital in either an inpatient or outpatient situation.

(7) "UB-92" is defined to be UB-92 HCFA Form 1450, the Uniform Hospital Billing Form, as established by the National Committee and the State Uniform Billing Implementation Committee.

(8) "Processed Data" is defined as data that have been analyzed by the Department of Health and errors, inconsistencies, and/or incomplete elements in the data set, if any, have been identified.

(9) "Verified Data" is defined as data that have been processed by the Department of Health; the health facilities have had the opportunity to suggest corrections, additions, and/or deletions; and all appropriate revisions have been made to the data by the Department of Health.

(10) "Error" is defined as data that are incomplete or inconsistent with the specifications in T.C.A. 68-1-108 or the Hospital Discharge Data System Procedure Manual.

(Rule 1200-7-3-.01, continued)

(11) "Final Joint Annual Report" is defined as the most recent Joint Annual Report filed by a hospital where the data contained therein has been edited, queried and updated when appropriate by the Tennessee Department of Health.

(12) "Patient Identifiers" shall be defined to include the following data elements: Patient Control Number, Medical/Health Record Number, Certificate Number/ID Number/SSN, and Patient's Social Security Number.

Authority: *T.C.A. §§4-5-202, 68-1-108, and 68-11-201(21).* ***Administrative History:*** *Original rule filed July 30, 1987; effective September 13, 1987. Amendment filed May 7, 1997; effective July 21, 1997. Repeal and new rule filed May 7, 1997; effective July 21, 1997.*

1200-7-3-.02 REQUIRED DATA ELEMENTS.

(1) The Tennessee Department of Health - Health Statistics and Information (TDH-HSI) will prepare the Hospital Discharge Data System (HDDS) Procedure Manual that will list the variables to be reported, their descriptions and reporting format, and other information associated with data submission. The Department of Health shall make future changes in the Procedure Manual when the Commissioner deems changes to be necessary. Reporting entities will be notified by the Department of all revisions. These revisions become effective one hundred and eighty (180) days following the date of notification. At that time, failure to meet the amended requirements are subject to the penalties as prescribed by T.C.A. §68-1-108.

(2) The minimum data set for each reported discharge will include the following data elements:

(a) Patient Control Number

(b) Type of Bill

(c) Federal Tax Number

(d) Statement Covers Period

(e) Patient's Address: City, State and Zip Code

(f) Patient's Date of Birth

(g) Patient's Sex

(h) Admission Date

(i) Admission Type

(j) Source of Admission

(k) Patient's Status

(l) Medical/Health Record Number

(m) Revenue Codes

(n) Date(s) of Service

(Rule 1200-7-3-.02, continued)

(o) Unit(s) of Service

(p) Charges Associated with Revenue Codes

(q) Payer Identification

(r) Provider Number

(s) Patient's Relationship to Insured

(t) Certificate Number/ID Number/SSN

(u) Insurance Group Number

(v) Employment Status Code

(w) Insured's Employer Name

(x) Insured's Employer Location: Zip Code

(y) Principal Diagnosis Codes

(z) Other Diagnosis Codes

(aa) E Code

(bb) Principal Procedure Code and Date

(cc) Other Procedure Codes and Dates

(dd) Attending Physician ID Number

(ee) Other Physician ID Numbers

(ff) Patient's Social Security Number

(gg) Patient's Race/Ethnicity

(3) All inpatient discharges are required to be reported.

(4) Reporting of outpatient and emergency room discharge records initially will be limited to the outpatient and emergency room encounters that involve the specific procedures or conditions outlined in the Procedure Manual.

(5) Reporting of all other emergency room encounters will be required with emergency room discharges occurring on or after January 1, 1997.

(6) All hospitals which are required to report data by T.C.A. §68-1-108 shall designate one staff member to be responsible for reporting the UB-92 claims data.

(7) All hospitals which are required to report data by T.C.A. §68-1-108 shall notify Health Statistics and Information on a form supplied by HSI of the name, title, work address, and work telephone number of the designated staff member.

(Rule 1200-7-3-.02, continued)

Authority: *T.C.A. §§4-5-202 and 68-1-108.* ***Administrative History:*** *Original rule filed July 30, 1987; effective September 13, 1987. Amendment filed May 7, 1997; effective July 21, 1997.*

1200-7-3-.03 SUBMISSION TIME LINE.

(1) Frequency of data submission is as follows:

Paper UB-92's	Monthly
Computer Media	Quarterly

(2) Computer media submission of required data shall adhere to the following quarterly schedule:

Quarter	Time Span	Submission Due Date
Q1	January 1 - March 31	May 30
Q2	April 1 - June 30	August 29
Q3	July 1 - September 30	November 29
Q4	October 1 - December 31	March 1

(3) All required data must be received by Health Statistics within 60 days following the close of the quarter.

(4) As of July 1, 1997, all data submissions must be in the form of computer media (e.g., magnetic tape, diskettes). Paper UB-92 forms will no longer be accepted by the Department after June 30, 1997.

Authority: *T.C.A. §§4-5-202 and 68-1-108.* ***Administrative History:*** *Original rule filed July 30, 1987; effective September 13, 1987. Repeal and new rule filed May 7, 1997; effective July 21, 1997.*

1200-7-3-.04 PENALTY ASSESSMENT.

(1) The Department of Health will assess a civil penalty of five cents ($.05) per record per day for delinquent discharge reports.

(2) The maximum civil penalty for a delinquent report is ten dollars ($10) for each discharge record.

(3) Penalties will be initially assessed for discharges due to be reported March 1, 1997, and every quarter thereafter. (Form UB-92 data for 4th quarter 1996 discharges are due to be reported March 1, 1997.)

(4) For hospitals not submitting any discharge reports by the submission deadline, the number of inpatient hospital discharge reports delinquent for a particular facility per quarter will be estimated by dividing the number of total inpatient discharges/or admissions reported in Schedule G of the most current, final Joint Annual Report of Hospitals (JARH) on file with the Tennessee Department of Health for that facility by four (4).

The number of delinquent outpatient claims reports for a quarter will be determined by summing outpatient data from Schedule D for percutaneous lithotripsy procedures, renal dialysis patients, adult and pediatric cardiac catheterizations, adult and pediatric outpatient percutaneous transluminal coronary angioplasty, adult and pediatric streptokinase infusions, adult and pediatric other cardiac catheterizations, the number of outpatient surgery operations, the number of cryosurgery patients, the number of microsurgery patients, and from Schedule I, the number of emergency room visits from a facility's most recent, final

(Rule 1200-7-3-.04, continued)

Joint Annual Report. (ER visits will not be used in the calculation until claims for services provided in 1997 are reported.) This estimate will be used to calculate the penalty assessed. Any positive or negative adjustments to the fine estimate, up to a maximum of ten (10) percent will be made once the actual claims reports are received by the Department of Health.

(5) Hospitals not submitting any discharge reports by the submission deadline will begin accruing penalties starting the day immediately following the submission deadline and ending the day when the actual discharge reports are received by the Department of Health or the maximum penalty is reached (maximum=$10/discharge record).

(6) The department will allow 5% error rate on data submitted for discharges occurring through calendar year 1997. For discharges occurring during calendar year 1998, the allowable error rate will be no more than 3%. For discharges occurring on or after January 1, 1999, the allowable error rate will be no more than 2%. Records that fall within the acceptable rate will not be subject to any penalties. Hospitals that exceed the acceptable error rate will be penalized based on total errors (not on errors minus 5% or error minus 3% or errors minus 2%).

(7) Hospitals which do not submit corrected discharge records within the additional fifteen (15) days allocated for error correction will accrue delinquent penalties starting the sixteenth day after error notification and ending the day when the actual corrected discharge reports are received by the Department of Health or the maximum penalty is reached (maximum=$10/discharge record). The Commissioner has the authority to delay any penalty for not correcting any particular data element if the failure to correct is due to force majeure or other events of extraordinary circumstances clearly beyond the control of the hospital.

(8) Upon receipt of the penalty assessment, the hospital has the right to an informal conference with the Commissioner. A written request for an informal conference must be received by the Commissioner within thirty (30) days of the assessment and with a copy being sent to the Director of Health Statistics and Information within the same time frame.

(9) A notice of an approximate daily assessment of the civil penalty will be sent to the delinquent hospital(s). The assessment will estimate the approximate penalty per day based on the estimated number of discharge reports. The assessment will state that penalties will accrue until the delinquent discharge reports are received or the maximum penalty is reached. Delinquent penalties will be collected starting thirty (30) days from the date of notice and continuing every thirty days until the maximum penalty is reached or the discharge reports are received.

(10) Penalties continue to accumulate for hospitals requesting an informal conference with the Commissioner.

(11) The Commissioner can grant a waiver from penalties to a hospital in cases of force majeure or other events of extraordinary circumstances clearly beyond the control of the hospital. The hospital must make a written request for the waiver and the informal conference within the first thirty (30) days following notification of the assessment. The proceedings before the Commissioner involving penalty waivers are not subject to the Uniform Administrative Procedures Act.

(12) After the conference with the Commissioner or the time frame for requesting a conference has expired, the Commissioner can collect the penalties unless the hospital appeals the Commissioner's decision. Penalties may be off set by funds owed to the hospital by the Department of Health and/or the Department of Finance and Administration. However, if the hospital wishes to appeal the decision of the Commissioner, a request in writing for a hearing before an Administrative Law Judge must be sent to the Commissioner within ten (10)

business days of the Commissioner's written determination. Issues involving collection of penalties directly from hospitals resolved by an Administrative Law Judge will be in accordance with the Uniform Administrative Procedures Act.

(13) At the date of collection, penalties for the hospitals that have not submitted any discharge data will be collected based on the estimated number of discharges per day delinquent from the submission deadline to the collection date. Penalties for hospitals that have submitted data will be collected based on the actual number of discharge records that are incomplete or inaccurate for the particular quarter and the actual days delinquent.

Authority: *T.C.A. §§4-5-202 and 68-1-108.* ***Administrative History:*** *Original rule filed July 30, 1987; effective September 13, 1987. Repeal and new rule filed May 7, 1997; effective July 21, 1997.*

1200-7-3-.05 PROCESSING AND VERIFICATION.

(1) If errors, inconsistencies, or incomplete elements are identified by Health Statistics and Information, HSI shall report the errors to the hospital in writing. Upon receiving written notification of errors, the hospital facility shall investigate the problem and shall supply correct information within fifteen (15) days from notification.

(2) Discharge data reported in an incorrect format or with elements inconsistent with T.C.A. 68-1-108 will be considered in error and returned to the reporting entity.

(3) Discharge data considered in error is subject to the penalties as prescribed in T.C.A. 68-1-108, unless the errors are corrected within fifteen (15) days after the hospital receives notification of existing errors.

(4) After all data have been computerized, edited, updated, and determined to be the final corrected set by Health Statistics and Information, each hospital shall be given the opportunity to review the entire data set relating to their hospital, if they so desire. At the same time, they may review the tabulations based on that data set. The Tennessee Department of Health - Health Statistics and Information shall provide to the reporting hospitals tabulations of the facility-specific information at least thirty days (30) prior to release of printed information to the public.

(5) The hospital shall notify Health Statistics and Information in writing of any errors in the tabulations or the data set. Valid explanations of the errors and documentation including correct data must be provided with the notification. The hospital shall provide corrected records for the data set.

Authority: *T.C.A. §§4-5-202 and 68-1-108.* ***Administrative History:*** *Original rule filed July 30, 1987; effective September 13, 1987. Repeal and new rule filed May 7, 1997; effective July 21, 1997.*

1200-7-3-.06 DATA AVAILABILITY.

(1) Within thirty (30) days after all hospitals' claims data has been accumulated into the Department's master data base, TDH-HSI will send THA a copy of the entire database.

(2) No facility data will be released to that particular facility until it has been processed by the Department of Health.

(3) No data will be released to the public until the verification process is completed.

(4) The Commissioner has the authority to delay release of any particular data element(s) if it is determined that the quality or completeness of the information is not acceptable.

(Rule 1200-7-3-.06, continued)

(5) Selected data of a non-confidential nature will be released to the public following verification by the hospital. A fee based on the content, use, and amount of data shall be charged to each person requesting the information.

(6) Three types of data files will be made available for release and purchase:

(a) Research-use files containing no physician identifiers will be available solely for use by the purchaser; the data may not be given or sold to another entity.

(b) General-use files containing reported physician identifiers will be available solely for use by the purchaser; the data may not be given or sold to another entity.

(c) Vendor-use files containing reported physician identifiers will be available and may be reedited and/or resold by the purchaser.

(7) Fees associated with the data files will be as follows. A higher fee will be charged for data files which contain physician identifiers, and for files which can be reedited and/or resold by the purchaser. No fee will be charged to a hospital for its own finalized data.

(a) The fee for a research-use file will be $625 per quarter of data.

(b) The fee for a general-use file will be $2,500 per quarter of data.

(c) The fee for a vendor-use file will be $12,500 per quarter of data.

The same fee will be charged for requests for inpatient-only files as for files including emergency room and outpatient discharges. The fee for a subset of a file, whether total or inpatient-only, will be based on the proportion of records selected plus 10% of the fee for the entire file.

(8) Publications containing summarization of quarterly data will be prepared and distributed by Health Statistics and Information following the end of each calendar quarter.

Authority: *T.C.A. §§4-5-202 and 68-1-108.* ***Administrative History:*** *Original rule filed July 30, 1987; effective September 13, 1987. Repeal and new rule filed May 7, 1997; effective July 21, 1997.*

1200-7-3-.07 CONFIDENTIAL INFORMATION.

(1) All information reported to the Commissioner under this part is confidential until processed and verified by the Commissioner.

(2) In no event may patient identifiers be released to the public at any time.

(3) Information regarding the name of an employer will not be released to the public. Information about any employer may be released to the employer identified in the data record. Hospitals may receive information regarding the name of employer for their claims only.

(4) Neither the Department of Health nor THA shall release information to the public in violation of any other statutory provisions for confidentiality of health related matters or the providers of health services.

(5) The Commissioner may use or authorize use of the compiled data, including the patient identifiers, for purposes that are necessary to provide for or protect the health of the population and as permitted by law.

(Rule 1200-7-3-.07, continued)

Authority: *T.C.A. §§4-5-202 and 68-1-108.* ***Administrative History:*** *Original rule filed July 30, 1987; effective September 13, 1987. Repeal and new rule filed May 7, 1997; effective July 21, 1997.*

1200-7-3-.08 REPEALS.

(1) Reporting entities should be cognizant of the following repeals:

	Repeals
Rule 1200-7-3-.01	"Definitions" is repealed in its entirety.
Rule 1200-7-3-.02	"Advisory Committee" is repealed in its entirety.
Rule 1200-7-3-.03	"Data Elements and Submission of Data" is repealed in its entirety.
Rule 1200-7-3-.04	"Verification of Data" is repealed in its entirety.
Rule 1200-7-3-.05	"Confidentiality" is repealed in its entirety.
Rule 1200-7-3-.06	"Accessibility" is repealed in its entirety.
Rule 1200-7-3-.07	"Maintenance of Data" is repealed in its entirety.

Authority: *T.C.A. §§4-5-202 and 68-1-108.* ***Administrative History:*** *Original rule filed May 7, 1997; effective July 21, 1997.*